

Name
in
Full

Helen Adamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

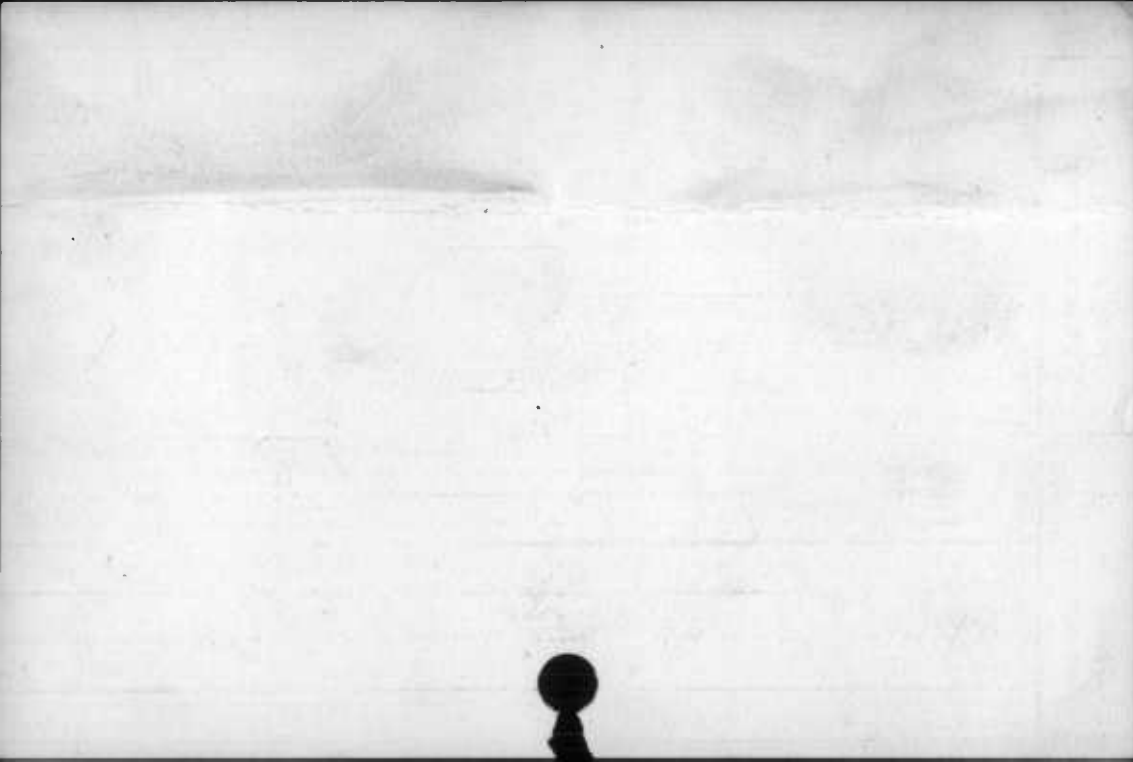
Died at <i>near Anney</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1940</i>	Month <i>2</i>	Day <i>20</i>	Age <i>37</i> Years	Months <i>6</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Robert L. Adamson</i>				
Father's Name <i>Oliver Adamson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Caroline Simms</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Harriet Adamson</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

(103)

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>Two hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Beace

Town

County

Died at

Lindum

Montgomery

MARYLAND

Date

of death

1990

Month

Feb

Day

3

Years

Age About 60

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

D.C.

Occupation

Nurse

Where Residing if not
at place of death

Same

Married, Single
or Widowed

married

Name of Wife or
Husband

John Beace

Father's
Name

John Beckman

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Dr. McCubbin

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

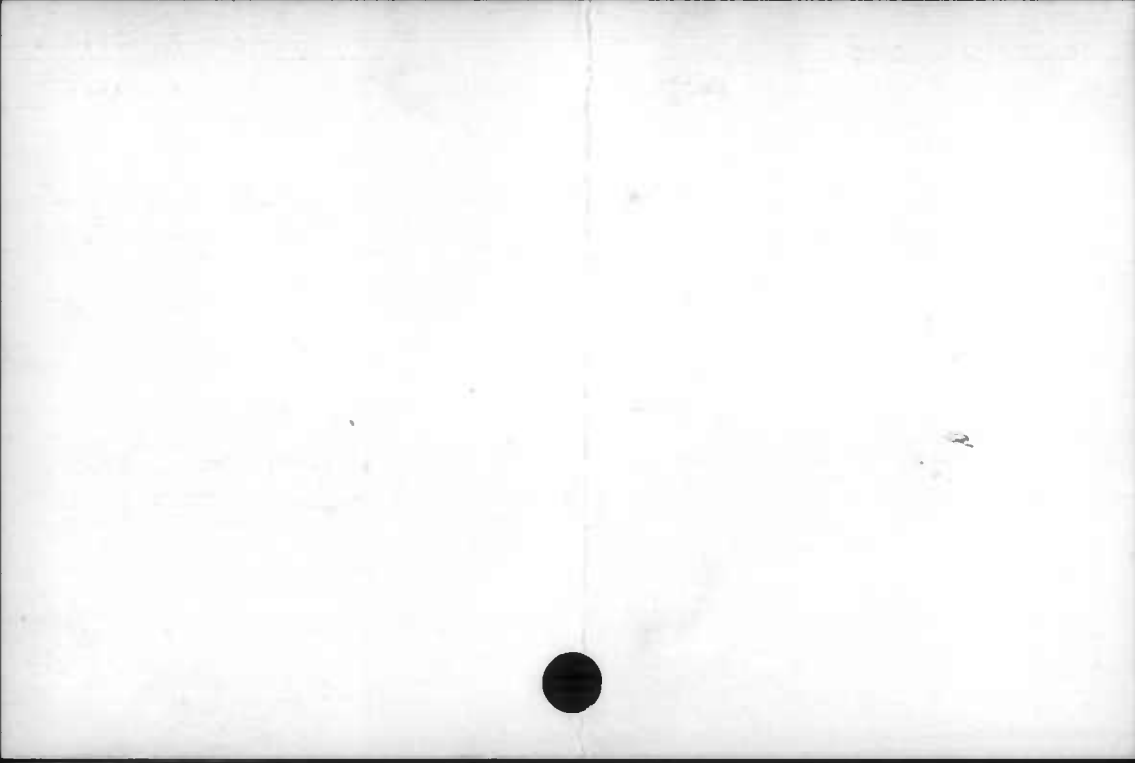
Aiguier

Lansing

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
In
Full

Samuel Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> <small>Town</small>		<i>L. Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1940</i> <small>Month</small>	<i>Feb</i> <small>Day</small>	Age <i>80</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Near Ashton Md</i>	
Where Residing if not at place of death			<i>Near Sandy Spring Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Nicholas Boswell</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Ellen Thompson</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Henry S. Easton</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>Six months</i>
Immediate	<i>Bronchitis</i>	How long	<i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. M. Eddings</i>
		Address	<i>Sandy Spring Md</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

Lark Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Darnestown* Town *Montgomery* County **MARYLAND**
 Date of death 1903 Feb 5th Age 91^{Years} Months *—* Days *21*
 Sex *Female* Color or Race *White* Birth-place *Mo*
 Occupation *Housewife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *William Bowman*
 Father's Name *Jacob Miller* Father's Birthplace *Mo*
 Mother's Maiden Name *Mrs Ricketts* Mother's Birthplace *Mo*
 Name of person giving Information *Emma H King* How related to deceased *daughter*

CAUSES OF DEATH

154 ✓

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long *—*
 Immediate *Exhaustion* How long *24 hours*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. M. Boyer*
 Address *Darnestown Md.*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Martin Broadnack

Town

County

MARYLAND

Died at Rockville

Montgomery

Date of death 1900 Feb

Month

Day

Age

Years

Months

Days

Sex male

Color or Race

black

Birth-place

Va

Occupation

farming

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Elizabeth Martin

Father's Name

unknown

Father's Birthplace

Va ?

Mother's Maiden Name

unknown

Mother's Birthplace

Va (?)

Name of person giving Information

Elizabeth Martin Broadnack

How related to deceased

wife

CAUSES OF DEATH

64

Primary

apoplexy

How long

3 1/2 mos

Immediate

apoplexy

3rd stroke

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. H. Henderson

Address

Rockville

Accident or Suicide

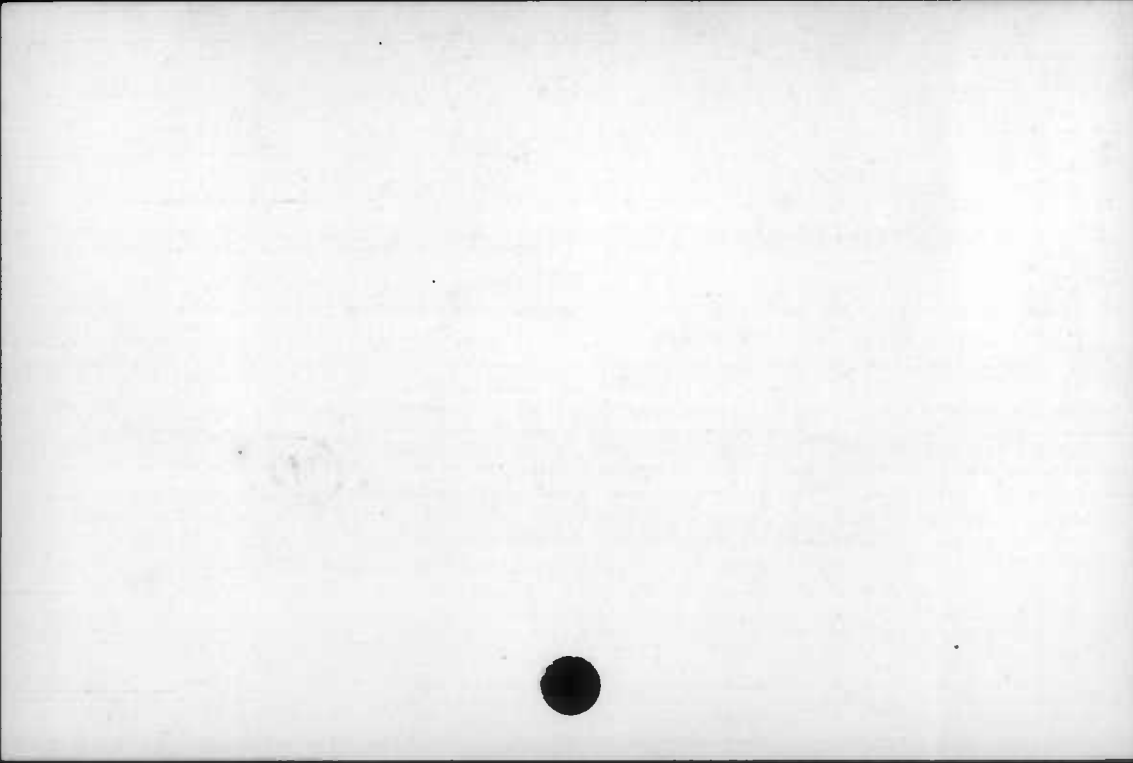
no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
William Brooks		Maryland			
Died near Ashton		County Montgomery			
Date of death 1940 Feb. 16th		Age 65		Months — Days —	
Sex Male		Color or Race Colored		Birth-place Not known	
Occupation Farm Hand		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mary Brooks.			
Father's Name Not known		Father's Birthplace Somerset Co. Va.			
Mother's Maiden Name Not known		Mother's Birthplace Somerset Co. Va.			
Name of person giving information Mary Brooks		How related to deceased Wife			
		CAUSES OF DEATH			
Primary Pneumonia Lobar		How long Two months			
Immediate Apoplexy		How long 2 1/2 days			
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Chas. Hargreaves, M.D.			
		Address Olney, Md.			
Accident or Suicide?					



Name
in
Full

Chalton Hammer Burdette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town *Sancti Paul* County *Montgomery*

MARYLAND

Date

of death

19*90* *July*

Day

Age

Years

Months

Days

2

7

2

27

Sex

male

Color of
Race

white

Birth-
place

md

Occupation

none

Where Residing if not
at place of death

same

Married, Single
or Widowed

Single

Name of Wife or
Husband

[Signature]

Father's
Name

Chas Burdette

Father's
Birthplace

md

Mother's
Maiden Name

Lalita Young

Mother's
Birthplace

md

Name of person giving
Information

Lalita Burdette

How related
to deceased

mother

CAUSES OF DEATH

Primary

Tuberculosis Thymus

How long

6 months

Immediate

Tuberculosis Thymus

How long

6 months

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

Englewood

Rockingham

Accident or Suicide

no

PHYSICIAN
OR CORNER



Name
in
Full

Dennis Claude

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chevy Chase</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>24</i>	Age <i>79</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis, Md.</i>		
Occupation <i>Lawyer</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary S. Claude</i>			
Father's Name <i>Dennis Claude</i>			Father's Birthplace <i>Boston, Mass.</i>		
Mother's Maiden Name <i>Elizabeth Cotton</i>			Mother's Birthplace <i>Boston, Mass.</i>		
Name of person giving information <i>Ellwood Claude</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

(64) ✓

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>3 days</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Lewis, M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide?	



Name
in
Full

Lucinda Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bertuda</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death <i>1960</i>		Month <i>2</i>		Day <i>2</i>		Age <i>71</i>		Years <i>✓</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Montg. Co., Md.</i>		Months <i>✓</i>		Days <i>✓</i>	
Occupation <i>Laundress</i>		Where Residing if not at place of death <i>✓</i>							
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Charles Diggs</i>							
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>							
Mother's Maiden Name <i>Melinda Martin</i>		Mother's Birthplace <i>Unknown</i>							
Name of person giving Information <i>W. D. Wood</i>		How related to deceased <i>Nephew</i>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Senility & Heart Disease</i>	How long <i>Several years</i>
Immediate <i>Heart Failure</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bertuda</i>
Accident or Suicide <i>no</i>	



Name
in Full

Chester Lee Disney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

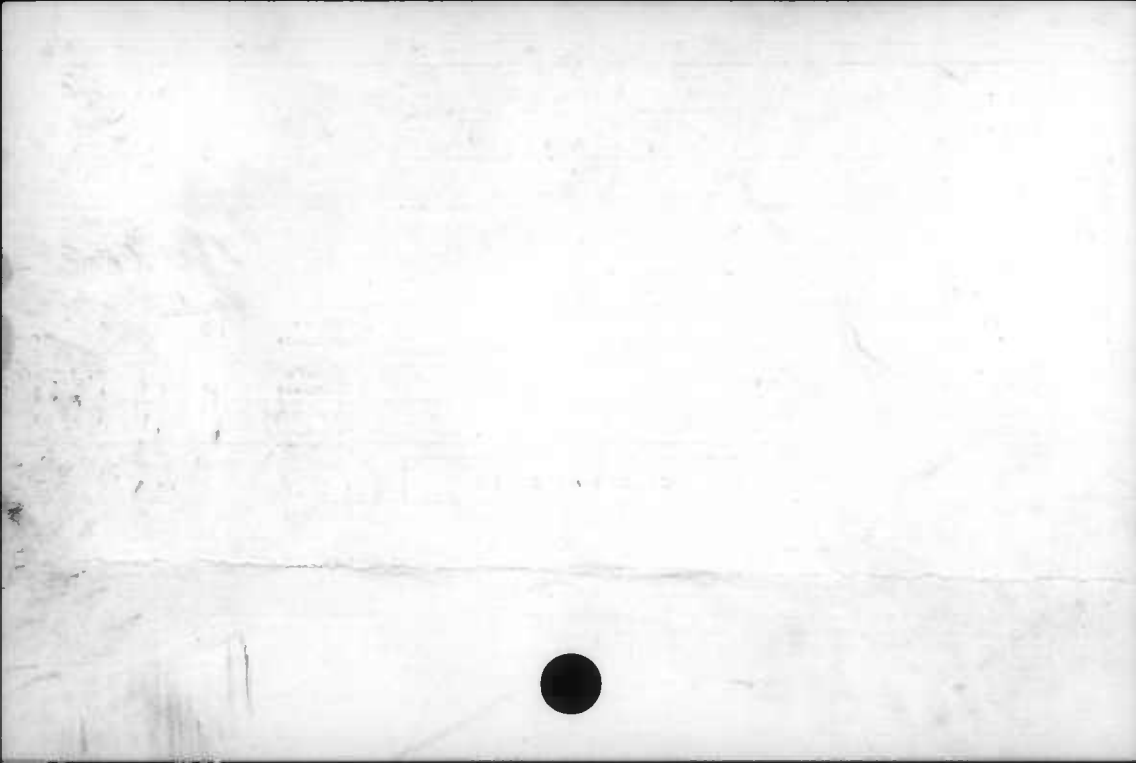
Died at <i>Roadville</i> Town		<i>Keanequeny</i> County		MARYLAND	
Date of death 19 <i>0</i> ^{<i>10</i>}	Month <i>2</i>	Day <i>10</i>	Age <i>X</i> Years	Months <i>8</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Wm L. Disney</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sara</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Wm L. Disney</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>few minutes</i>
Immediate <i>Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. L. Thierman</i>
	Address <i>Roadville Ind</i>
Accident or Suicide <i>X</i>	



Name
in
Full

Sarah A. Dove

Montgomery

CERTIFICATE OF DEATH

Died at

Rockville

Town.

County

MARYLAND

Date

of death

1900

Month

Feb.

Day

Sat-

Years

Age

86

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Mont. Co.,

Occupation

House keeper

Where Residing if not
at place of death

Rockville

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Henry A. Dove.

Father's
Name

Thomas Price

Father's
Birthplace

Montgomery Co.

Mother's
Maiden NameMother's
Birthplace

Montgomery Co.

Name of person giving
Information

Carrie Dove

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

4 days.

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

O. M. Linthicum

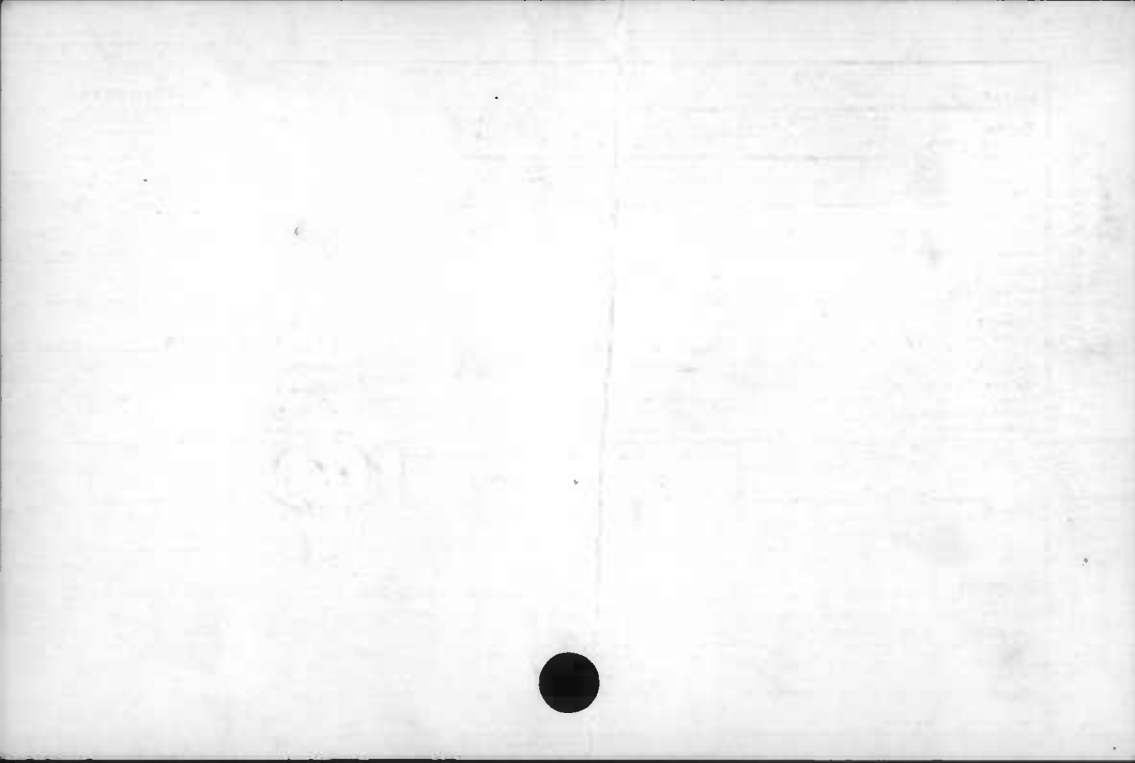
Address

Rockville Md

Accident or Suicide

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Hypocrite Etchison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mullinix</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		19 <i>80</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>73</i>	Years	Months Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>- none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Leonidas Etchison</i>					
Father's Name <i>Joshua Burdum</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Marandas Burdum</i>		Mother's Birthplace " "					
Name of person giving Information <i>J W Mullinix</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Chronic Pulmonary Phthisis</i>	How long <i>several years</i>
Immediate	<i>Pulmonary Stasis</i>	How long <i>3 days</i>
Are the name, sgs, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Dixon</i>
		Address <i>Laytonville Md</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

George H. Garlich

Town

County

MARYLAND

Died at

Takoma Park

Montgomery

Date

of death

1960

Month

Feb.

Day

18

Age

38

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Brooklyn N.Y.

Occupation

none

Where Residing if not
at place of death

Takoma Park Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank G. W. Garlich

Father's
Birthplace

Mo.

Mother's
Maiden Name

Elsie A. Garlich

Mother's
Birthplace

Brooklyn N.Y.

Name of person giving
InformationElsie A. Garlich
MotherHow related
to deceased

mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about 2 months

Immediate

Exhaustion

How long

eight days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. B. Heinicke M.D.

Address

5634 Ga. Ave. NW.

Accident or Suicide

no

Brightwood, Washington D.C.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

L. M. Moore
Registrar for Takoma Park
Md.

Name
in
Full

Charles Edward Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u> ^{Town}		<u>Maryland</u> ^{County}		MARYLAND	
Date of death	19 <u>60</u> ^{Month} <u>July</u> ^{Day} <u>14</u>	Age	<u>52</u> ^{Years}	Month	<u>—</u> ^{Days} <u>—</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Md</u>
Occupation	<u>Farmer</u>		Where Residing If not at place of death <u>—</u>		
Merrid, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Rose Lucy Garrett 1st wife</u>		
Father's Name	<u>Thomas Garrett</u>	Father's Birthplace	<u>Md</u>		
Mother's Maiden Name		Mother's Birthplace	<u>Md</u>		
Name of person giving Information	<u>Miss Lucy Garrett</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>4 years</u>
Immediate	<u>Asthma</u>	How long	<u>10 weeks</u>

Are the name, age, sex, color, date and place correctly given above?

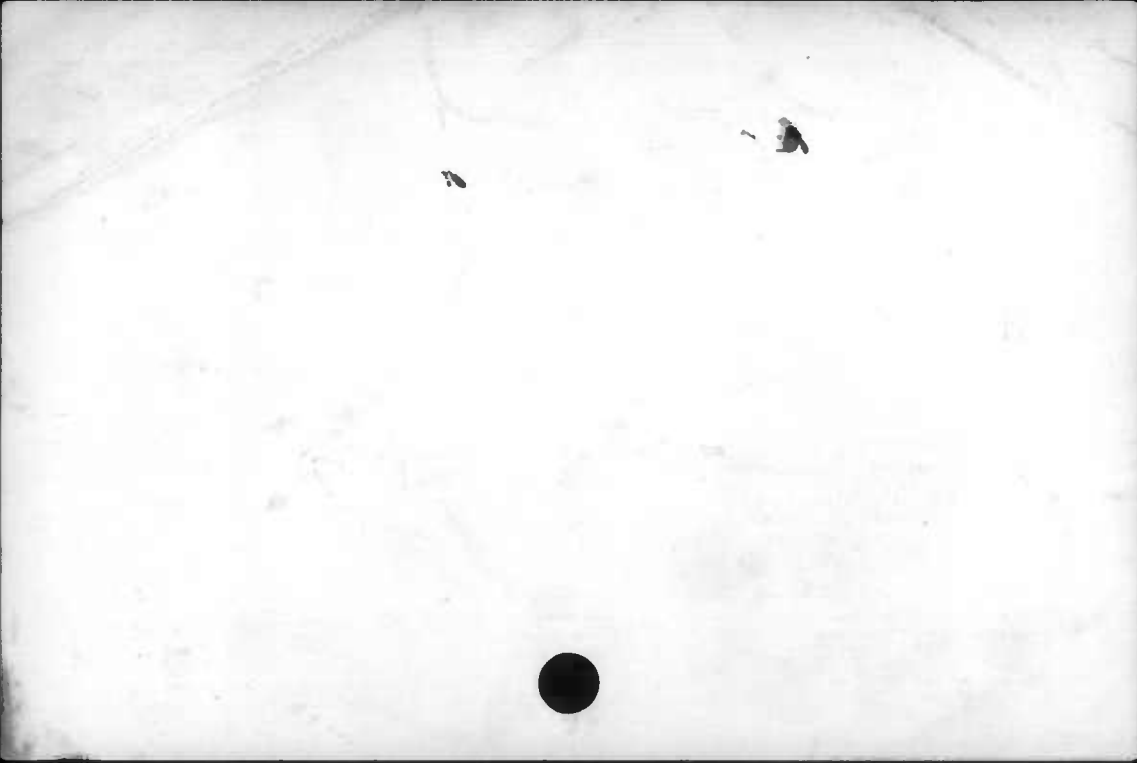
Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

H. E. Lewis, M.D.
Rockville, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death 190

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Town

County

MARYLAND

Month

Day

Age

Years

Months

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

OFFICE SUPPLY



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, ~~Single~~

Widowed

Father's
NameMother's
Maiden NameName of person giving
Information

Town

County

MARYLAND

Months

Days

Color or
RaceBirth-
placeWhere Residing if not
at place of deathName of Wife or
HusbandFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

(27)

How long

How long

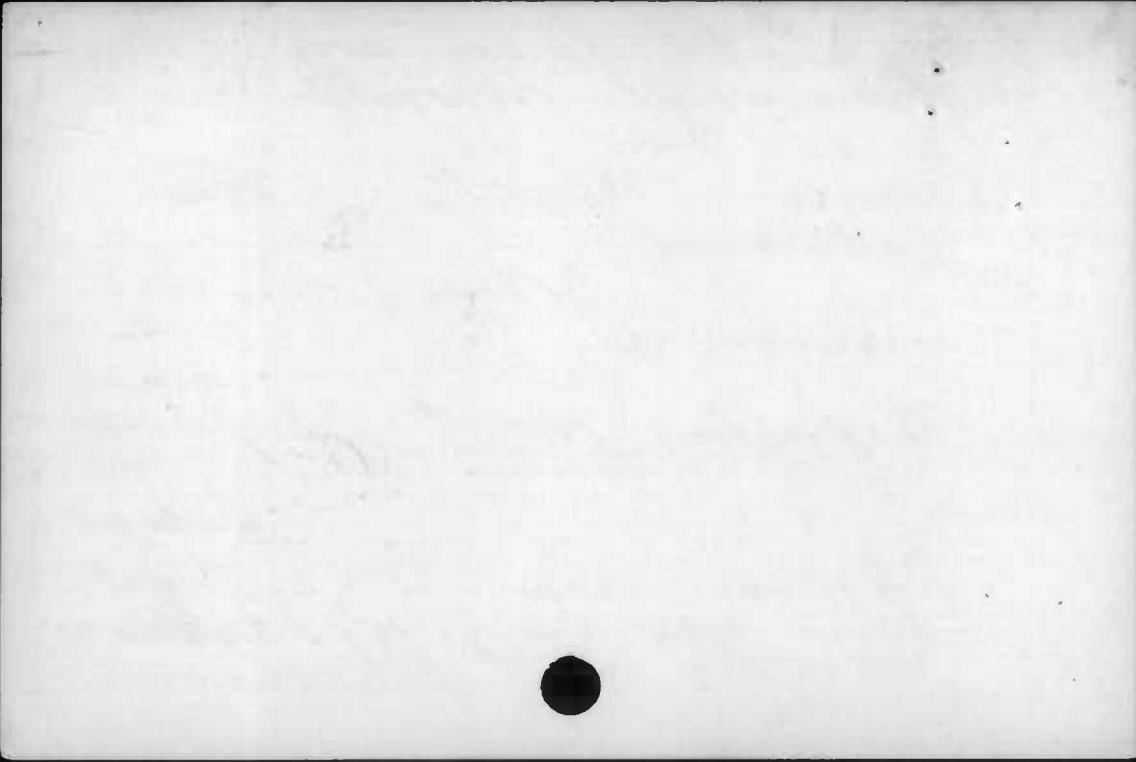
9 mo.

Four days.

Yes

Wm. R. R. R. R. R.

Potomac Bank Building
Wash. D.C.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

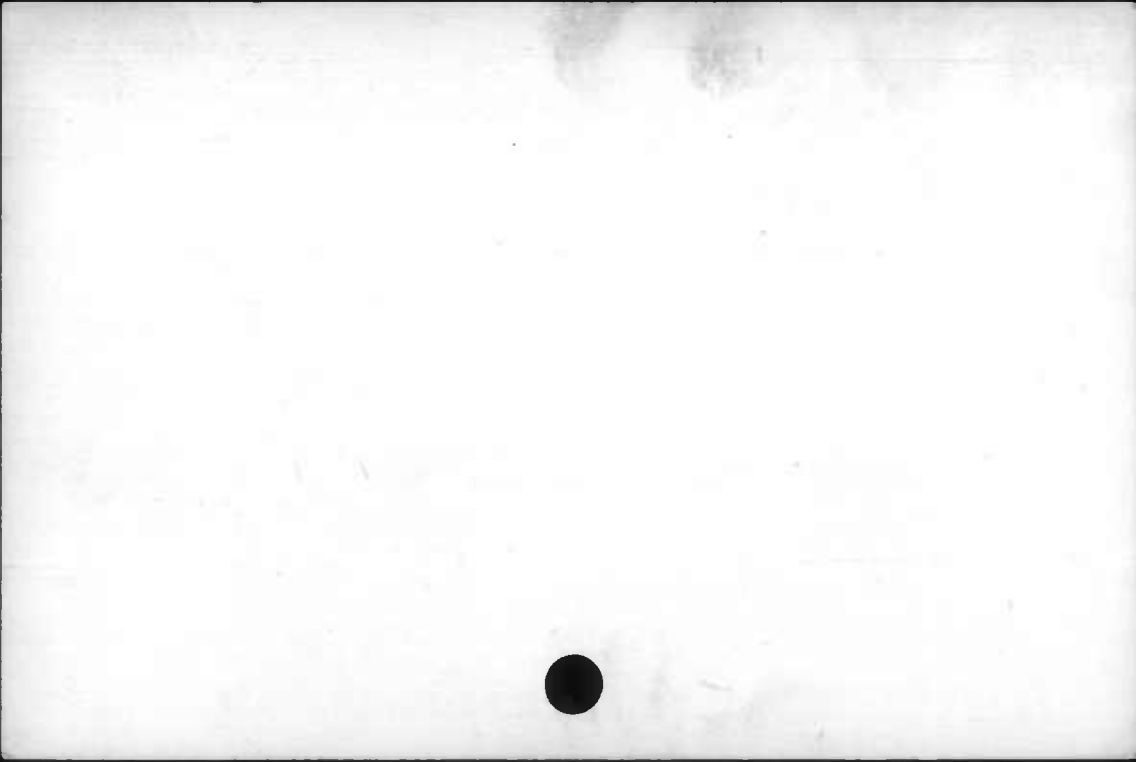
Elizabeth 95		Harrison		County		Died at		Spencerville		Montgomery		MARYLAND	
Date of death		Month		Day		Years		Months		Days			
1900		23		Feb		75							
Sex		Female		Color or Race		Black		Birth-place		Va			
Occupation		Laborer		Where Residing if not at place of death									
Married, Single		Single		Name of Wife or Husband		John Johnson							
Widowed													
Father's Name		unknown		Father's Birthplace		Va							
Mother's Maiden Name				Mother's Birthplace		Va							
Name of person giving Information		Cornelius Hunt		How related to deceased		Nephew							

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary		Grippe		How long		6 days	
Immediate		Pharyngitis		How long		3 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. R. Batson	
				Address		Spencerville Md	
Accident or Suicide							



Name
in
Full

William Henry Leigear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berewood Montgomery MARYLAND

Date of death 1940 Feb 1 Age 47 9 6

Sex Male Color or Race White Birth-place Maryland

Occupation Blacksmith Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Margarett Jane

Father's Name Levi Leigear Father's Birthplace Maryland

Mother's Maiden Name Debruy Burruss Mother's Birthplace Maryland

Name of person giving Information Margarett Jane Leigear How related to deceased Wife

CAUSES OF DEATH

Primary Chronic Bronchitis 90 6 Months

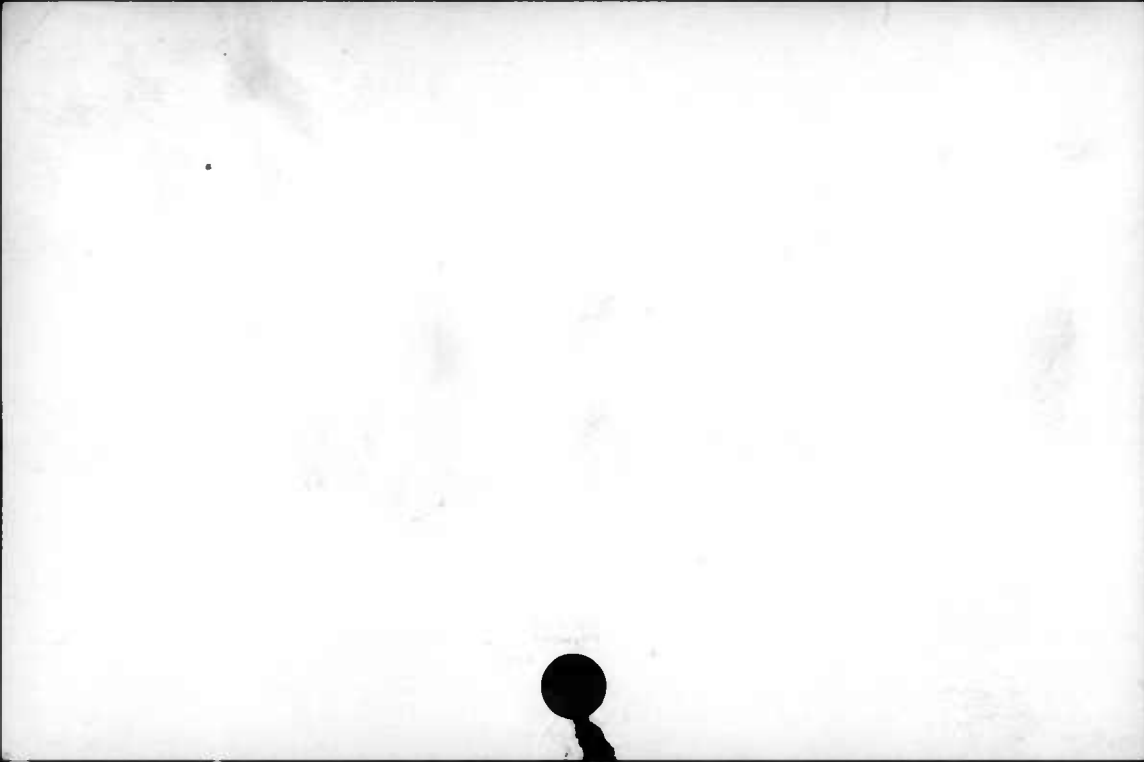
Immediate Exhaustion 1 Week

Are the name, age, sex, color, date and place correctly given above? yes

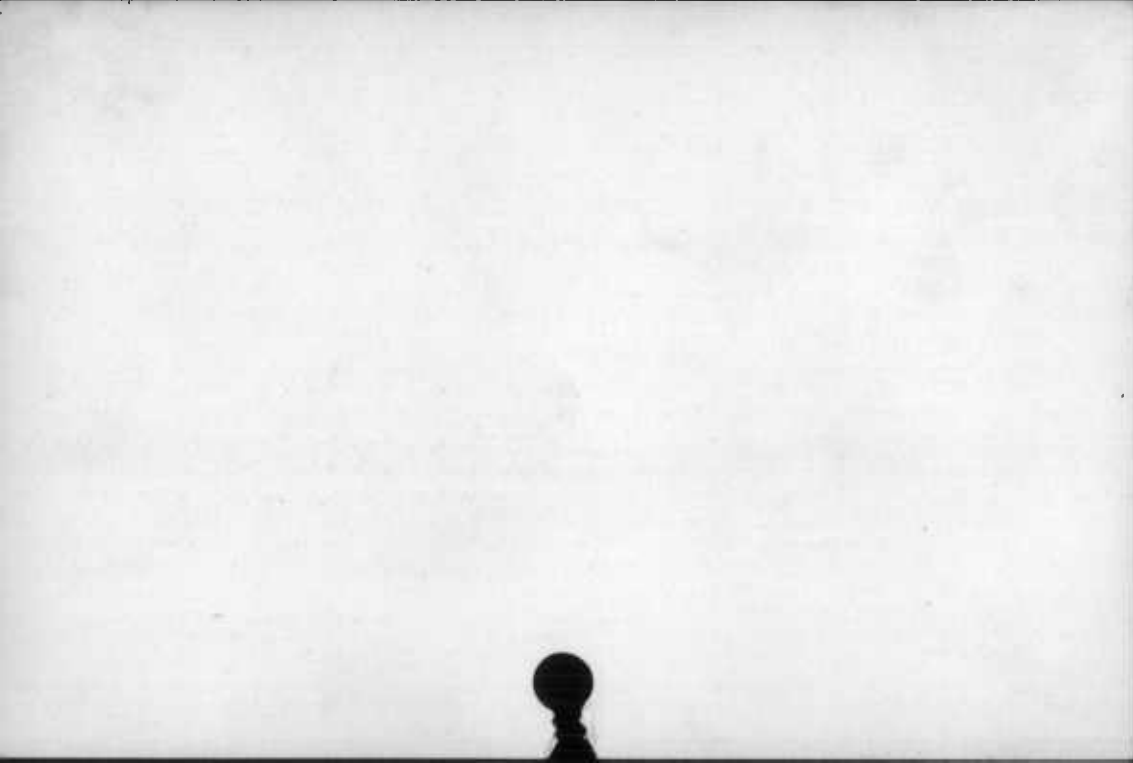
Signature of Physician C. C. Elchison
Address Southsburg
Ind

Accident or Suicide

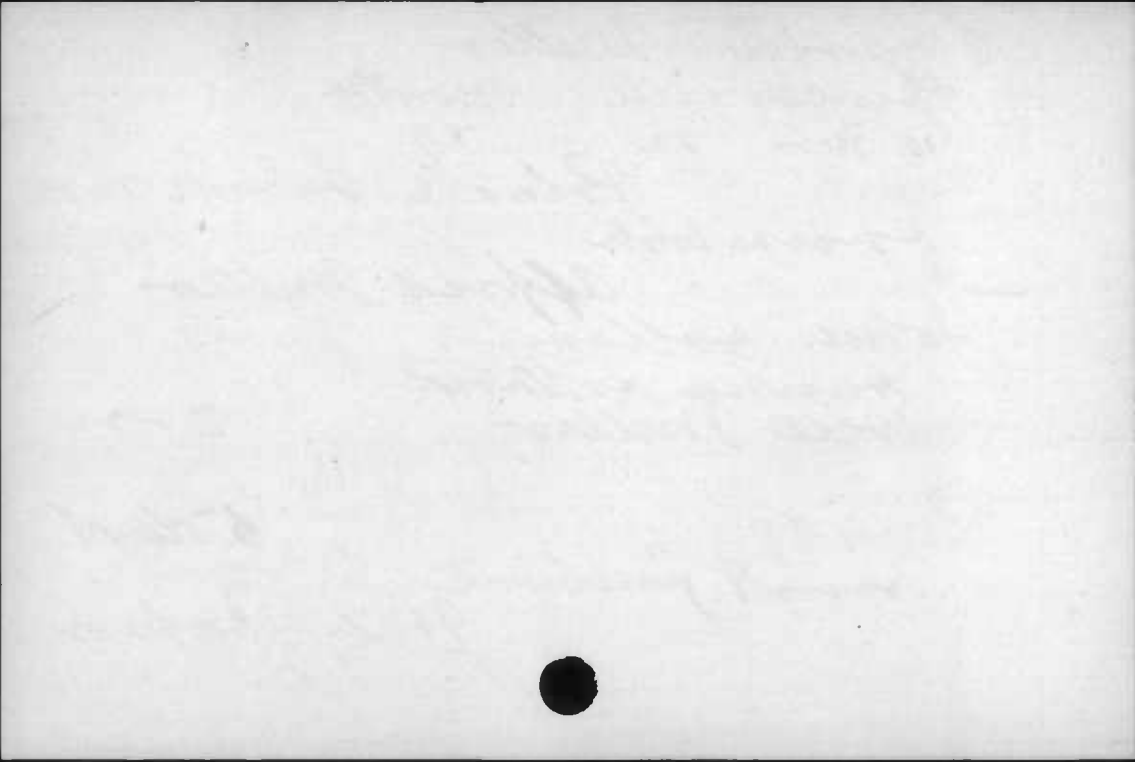
PHYSICIAN
OR CORONER



Name in Full		Elizabeth Linthicum				CERTIFICATE OF DEATH							
Related TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Barnesville		^{County} Montgomery		MARYLAND							
		Date of death	1910	Month	Feb'y	Day	13	Age	Years 70	Months	—	Days	—
		Sex	Female		Color or Race	White		Birth-place	Maryland				
		Occupation	Housewife				Where Residing if not at place of death						
		Married, Single or Widowed	Widow		Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name						Unknown		Father's Birthplace		Md.	
		Mother's Maiden Name						Unknown		Mother's Birthplace		Md.	
		Name of person giving information						J. R. Gough				How related to deceased	
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary						How long					
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician					
		filed 1910						Address					
		Accident or Suicide?						J. R. Gough Barnesville Md.					



Name in Full Henry Logan		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at near Woodfield Town		Montgomery County
	Date of death 1960 Month Feb. Day 14		Age 50 Years Months Days
	Sex Male	Color or Race white	Birth-place Unknown
	Occupation Labourer		Where Residing If not at place of death
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Unknown	Father's Birthplace unknown	
	Mother's Maiden Name Unknown	Mother's Birthplace unknown	
Name of person giving information William Lopez		How related to deceased none	
<div>CAUSES OF DEATH</div> <div> <div> <div>Primary</div> <div>Struck by a falling tree</div> <div>How long</div> </div> <div> <div>Immediate</div> <div>Crushed skull</div> <div>How long</div> </div> </div>			
PHYSICIAN OR CORONER L	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. M. Boyer
			Address Damascus, Md.
	Accident or Suicide? Accident		



Name
in
Full

CERTIFICATE OF DEATH

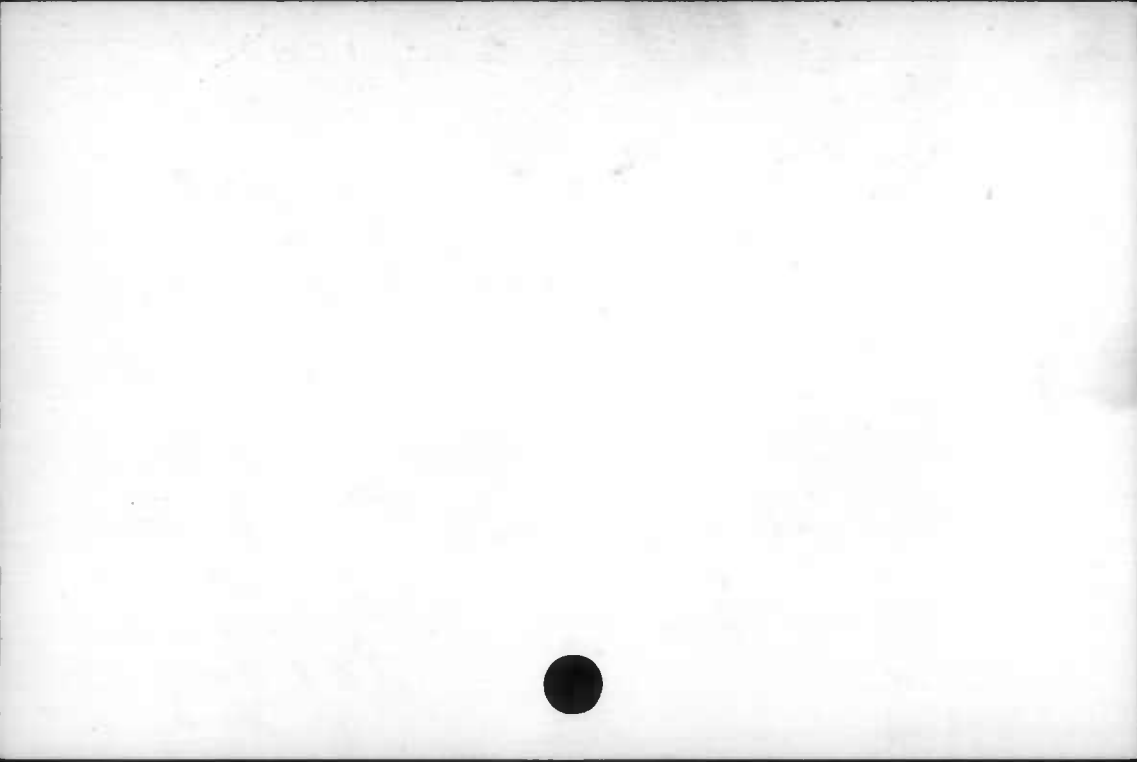
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spencerville</i>		Town <i>Spencerville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Columbia Md</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <i>Affra Miller</i>						
Father's Name <i>John. Holland</i>	Father's Birthplace <i>Montgomery Md</i>						
Mother's Maiden Name <i>Hanna Holland</i>	Mother's Birthplace <i>1 1</i>						
Name of person giving Information <i>Will Miller</i>	How related to deceased <i>son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Paralysis</i>	How long <i>5 days</i>
Immediate Cause <i>Heart Failure</i>	How long <i>2</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Dabson</i>
	Address <i>J. Spencerville Md</i>
Accident or Suicide	



Name
in
Full

Maurice Curtis Mossburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Dickerson ^{County} Montg **MARYLAND**

Date of death 19 10 ^{Month} Feb ^{Day} 3 ^{Years} 1 ^{Months} — ^{Days} 28

Sex Male Color or Race White Birth-place Md

Occupation Infant Where Residing If not at place of death Dickerson

Married, Single or Widowed Single Name of Wife or Husband Mrs Infant

Father's Name Maurice M. Mossburg Father's Birthplace Poolesville

Mother's Maiden Name Esther M. Compher Mother's Birthplace Lovettsville Va

Name of person giving Information Mrs A. S. Matthews How related to deceased Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchial Pneumonia How long 6 weeks

Immediate Cerebral pneumonia How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

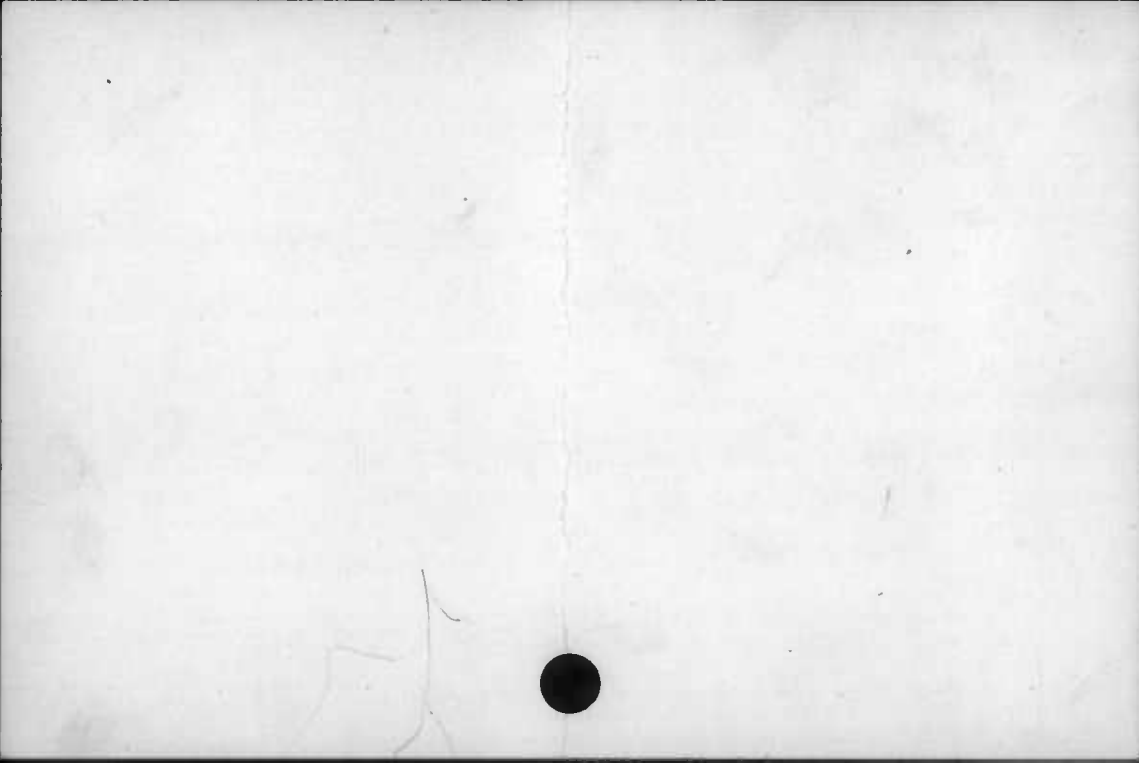
Signature of Physician E W White

Address Poolesville Md

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH			
Related TO BE ANSWERED BY NEAREST FRIEND	James Nailor		County		MARYLAND
	Died at Beallsville		Montgomery		
	Date of death	1910	Month	Feb.	Day
	9	Age	81	Months	Days
	Sex	Male	Color or Race	White	Birth-place
	Occupation	Unknown	Where Residing if not at place of death		
	Married, Single or Widowed	Unknown	Name of Wife or Husband		
Physician OR CORONER	Father's Name		Unknown		Father's Birthplace
	Mother's Maiden Name		Unknown		Mother's Birthplace
	Name of person giving information		J. R. Gough		How related to deceased
			CAUSES OF DEATH		154
	Primary				How long
Immediate		General Debility		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		C. H. Mannar M.D.	
		Address		Rockville Md	
Accident or Suicide?					



Name
in
Full

Elizabeth Nutting

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Takoma Park* Town *Montgomery Co* County *MARYLAND*

Date of death *1900* *Feb.* Month *2nd* Day *Age 53* Years *5* Months *20* Days

Sex *female* Color or Race *white* Birth-place *Canada*

Occupation *housewife* Where Residing if not at place of death *Duluth, Min.*

Married, Single or Widowed *married* Name of ~~Wife~~ Husband *Erwin W. Nutting*

Father's Name *Nason Hoyt* Father's Birthplace *Not known*

Mother's Maiden Name *not known* Mother's Birthplace *" "*

Name of person giving Information *Erwin W. Nutting* How related to deceased *husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Haemorrhage* How long *7 months*

Immediate *Cystitis* How long *4 months*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Rehugersoll M.D.*

Address *Takoma Park, Md.*

Accident or Suicide

L. M. Moore -
Registrar for Jackson Park Ind.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Franklin J. Offutt
Died at *Polomac* Town *Montgomery* County
Date of death 190 *FEB 8* 1910 Month Day Years
Sex *Male* Color or Race *White* Birth-place *Montg. Co.*
Occupation *Cabinet-maker* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Julia Priestley*
Father's Name *Joshua H. Offutt* Father's Birthplace *Maryland*
Mother's Maiden Name *Rosana* Mother's Birthplace *Virginia*
Name of person giving Information *Joseph Offutt* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*

How long

27
That 5 years

Immediate

How long

3 months

Are the name, sex, color, date and place correctly given above?

Yes

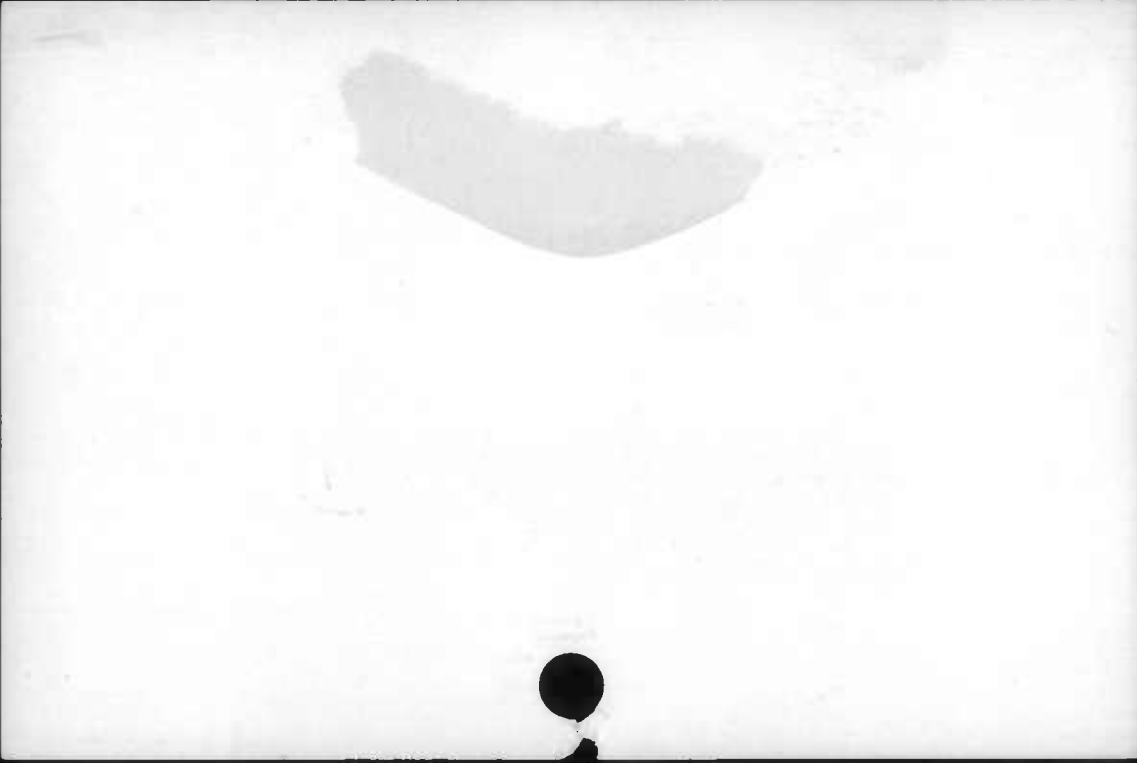
Signature of Physician

Address

W. H. Hall
Polomac, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mrs. Mary L. Offutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>near Edgemoor</i>		Town <i>Edgemoor</i>		County <i>Montgomery</i>			
Date of death <i>1900</i>	Month <i>Feb'y</i>	Day <i>28</i>	Age <i>58</i>	Years <i>58</i>	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Fred. Co., Md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frank Offutt</i>					
Father's Name <i>Elias Cornbush</i>			Father's Birthplace <i>Fred. Co., Md.</i>				
Mother's Maiden Name <i>Caroline (unknown)</i>			Mother's Birthplace <i>Fred. Co., Md.</i>				
Name of person giving information <i>Samuel Offutt</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. M. Boyer</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name
in
Full

George Frederick Ohl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MAYLAND	
Date of death <i>1900</i>	Month <i>February</i>	Day <i>Second</i>	Age <i>40</i>	Years	Months <i>9</i>	Days <i>Some</i>	
Sex <i>M</i>	Color or Race <i>White</i>		Birth-place <i>Prince Georges Co, Md</i>		<i>Near Beltsville</i>		
Occupation <i>Business manager</i>			Where Residing if not at place of death <i>Philadelphia</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Clara D. Robb</i>				
Father's Name <i>John W. Ohl</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Christina Fisher</i>			Mother's Birthplace <i>Ohio</i>				
Name of person giving Information <i>Mrs. Robert Ponickau</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

26

Primary	<i>Tuberculosis of Throat</i>	How long	<i>about 13 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>apparently</i>		<i>John H. Lindsey</i>	
Accident or Suicide <i>No</i>		Address <i>Stamant Sanatorium, Washington Grove, Maryland.</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Catherine L'Hommedieu Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendship Heights - Md</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1900	Month	Feb	Day	21	Age	6
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	Scholar			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William J. Page					Father's Birthplace	Md
Mother's Maiden Name	Mary A. Weigandt					Mother's Birthplace	Georgia
Name of person giving information	William J. Page					How related to deceased	Father

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Influenza (La grippe)</i>	How long	<i>one month</i>
Immediate	<i>Ellitis, acute-adenitis, heart failure</i>	How long	<i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Archibut M. O'Leary</i>	
		Address	
		<i>Demary to - DC</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

William Poole
Town

County

MARYLAND

Died at

Darmous

Montgomery

Date

of death

1910 Feb

Month

Day

7

Age

Years

71

Months

3

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Me

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Eveline K Poole

Father's
Name

Greenberry Poole

Father's
Birthplace

Me

Mother's
Maiden Name

Mary Ann Beale

Mother's
Birthplace

Me

Name of person giving
Information

George Poole

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Exhaustion

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

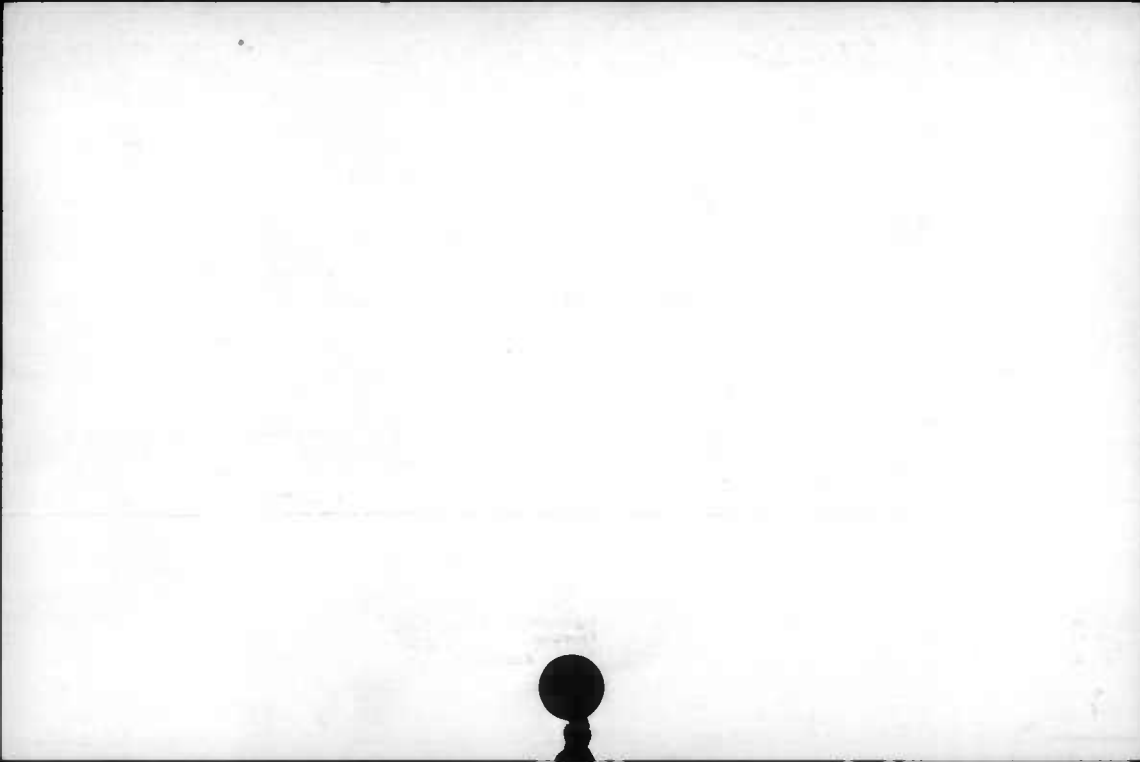
R. C. Faint
Kempston
Me.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} Sandy Spring		^{County} Montgomery		MARYLAND	
Date of death	1900	Month	Feb.	Day	4th
Sex	Male	Color or Race	Colored	Age	71
Occupation	Fence & shoe cobbler		Where Residing if not at place of death	Months	Days
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Powell		
Father's Name	Elias Powell			Father's Birthplace	Not known
Mother's Maiden Name	Sarah Powell			Mother's Birthplace	Howard Co., Md.
Name of person giving information	Susan B. Davis			How related to deceased	Aunt

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility	How long	About two years
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Farguhar,
		Address	Olney,
			Md.
Accident or Suicide?			



Name
in
Full

Eduard W. Robinson

CERTIFICATE OF DEATH

Died at *Bethesda* ^{Town}*Montgomery* ^{County}

MARYLAND

Date
of death *1960*Month
*2*Day
22

Age

Years
*73*Months
*-*Days
-

Sex

*Male*Color or
Race*white*Birth-
place

Occupation

*clerk*Where Residing if not
at place of death
*/*Married, Single
or Widowed*single*Name of Wife or
Husband
*/*Father's
Name*William Robinson*Father's
Birthplace*Georgetown DC*Mother's
Maiden Name*Frances Turner*Mother's
Birthplace*Virginia*Name of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

Cerebral hemorrhage

How long

12 hours

Immediate

Paralysis

How long

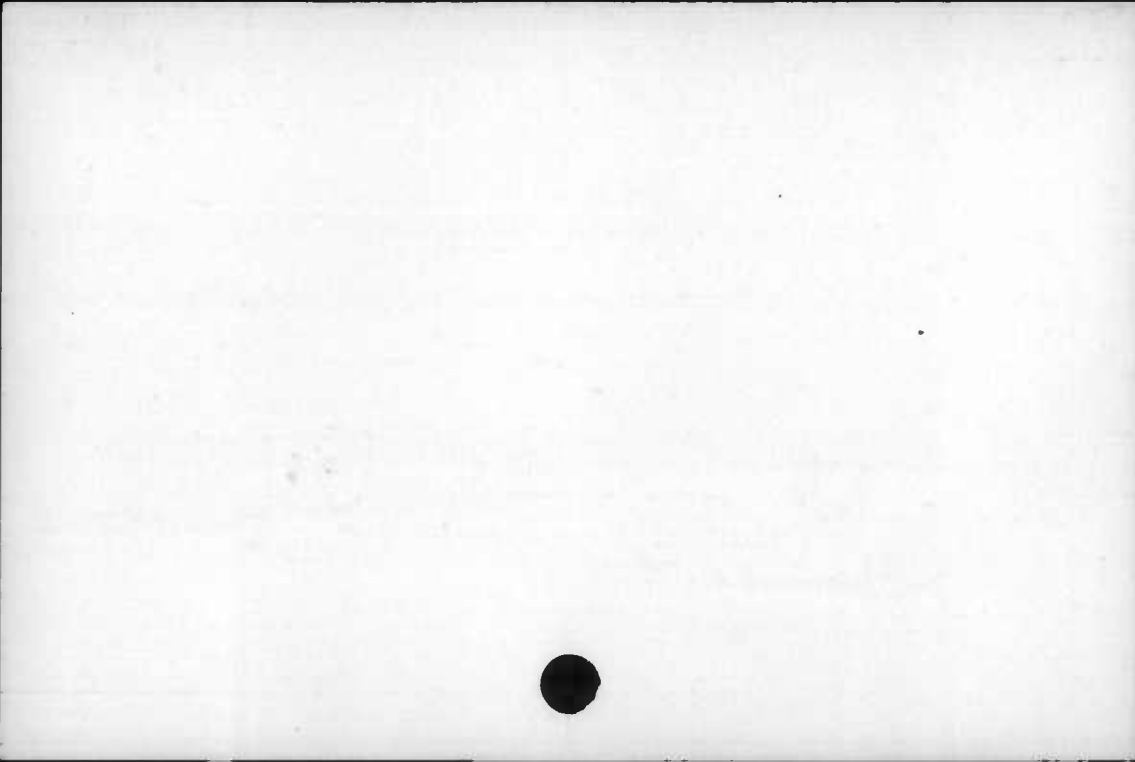
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*John L. Lewis, M.D.*

Address

Bethesda, Md.

Accident or Suicide?

*no.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rhynaldo Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

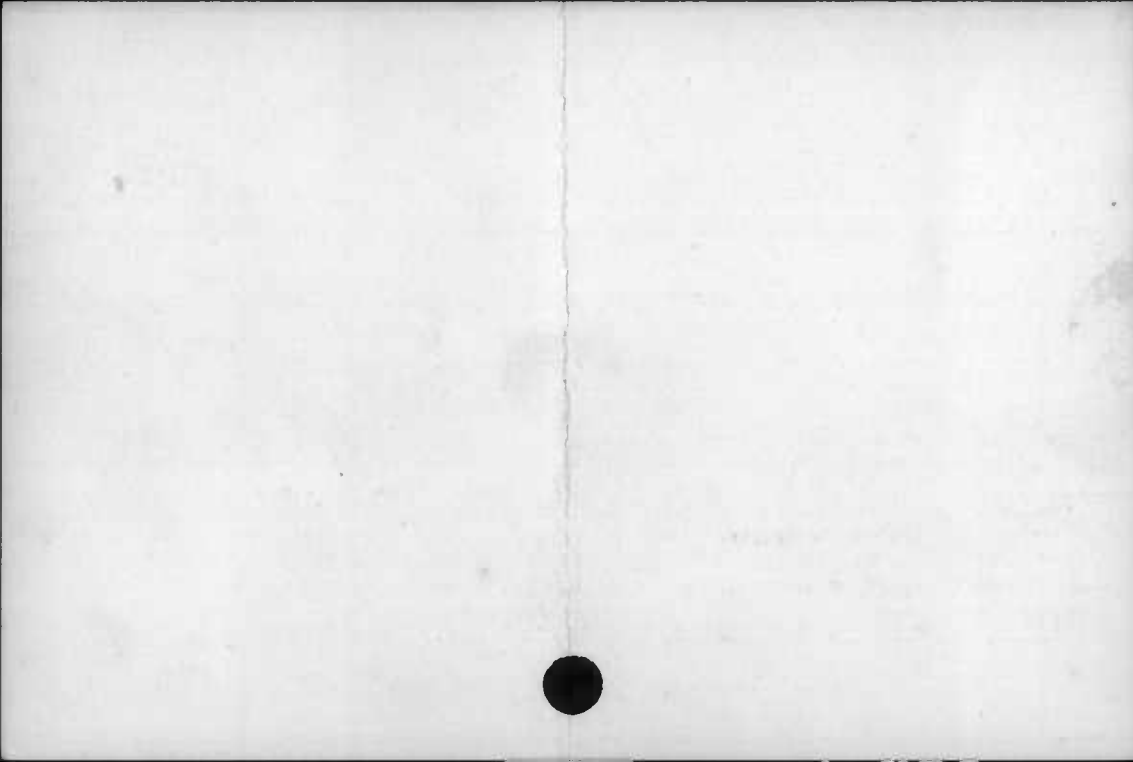
Died at			Town			County			MARYLAND			
Date of death		Month	Day	Years	Months	Days						
1900		February	First	Age	67	1	21					
Sex		Male		Color or Race		White		Birth-place		Florence, Md.		
Occupation				Farmer		Where Residing if not at place of death						
Married, Single or Widowed				Married		Name of Wife or Husband						
				Harriet A. Snyder								
Father's Name				Godfrey Snyder				Father's Birthplace				
								Near Unity, Md.				
Mother's Maiden Name				Richard				Mother's Birthplace				
								" - Laytonville "				
Name of person giving information				Sarah Ann Bowman				How related to deceased				
								Sister				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary		La Grippe		How long		Ten weeks	
Immediate		Bronchitis		How long		do do	
Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician	
						L. A. Simpson	
				Address		Gumarton, Md.	
Accident or Suicide?							



Name
in
Full

Julia Laura Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

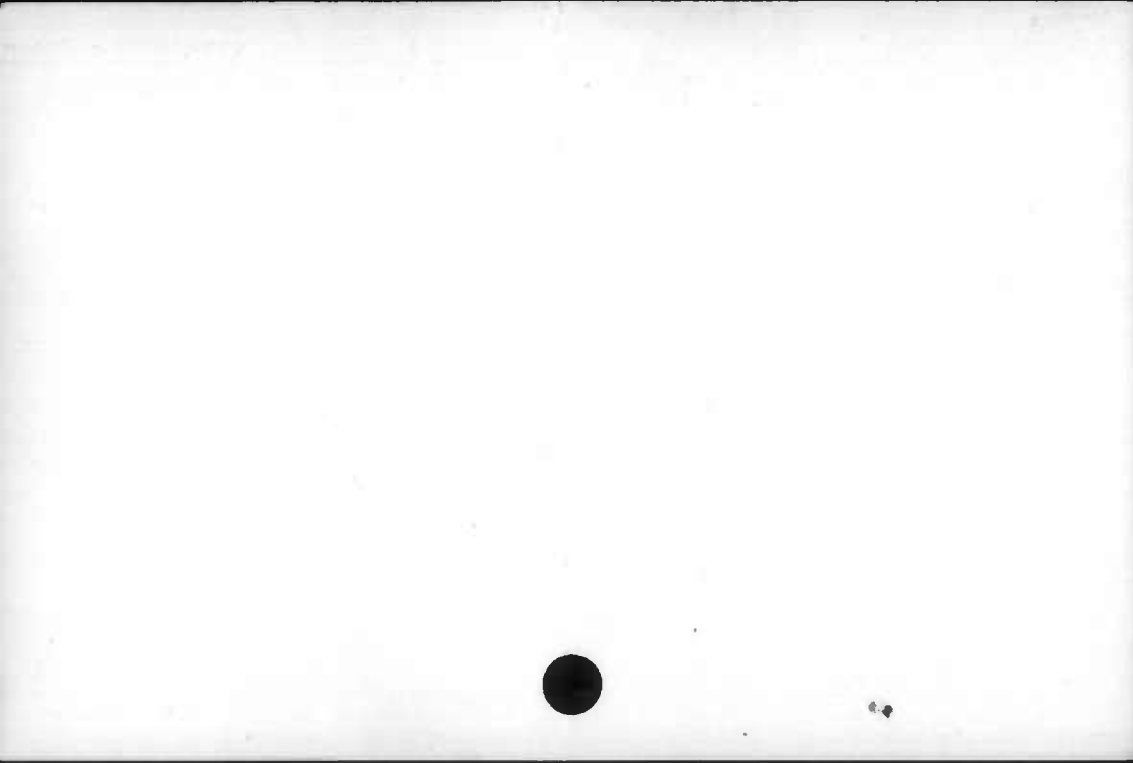
Died at <i>an Echlin</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb</i>	Day <i>15</i>	Age	Years	Months <i>9</i>	Days <i>25</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Montgomery</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Rha Franklin Stanley</i>			Father's Birthplace <i>Montgomery Co</i>				
Mother's Maiden Name <i>Ladie Lynn Porter</i>			Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>May Ann Stanley</i>			How related to deceased <i>Grand Mother</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Urascemia</i>	How long <i>about 7 days</i>
Immediate <i>Coronary</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. H. Dixon</i>
	Address <i>Laytonsville Md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alfonso Walter Swartz Town *Boyd* County *P.R.D.*

MARYLAND

Died at *Boyd* *P.R.D.*

Date of death 19*60* Month *Feb.* Day *9*

Age *69*

Months Days

Sex *Male*

Color or Race *White*

Birth-place *Hayford Co. Md.*

Occupation *Carpenter*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Caroline E. Thompson*

Father's Name *Ephraim Swartz*

Father's Birthplace *Hayford Co. Md.*

Mother's Maiden Name *Maria Swartz*

Mother's Birthplace *Hayford Co. "*

Name of person giving Information *W. Stanley Swartz*

How related to deceased *Son*

CAUSES OF DEATH

Primary

How long

Immediate *Angina Pectoris*

How long *10 minutes*

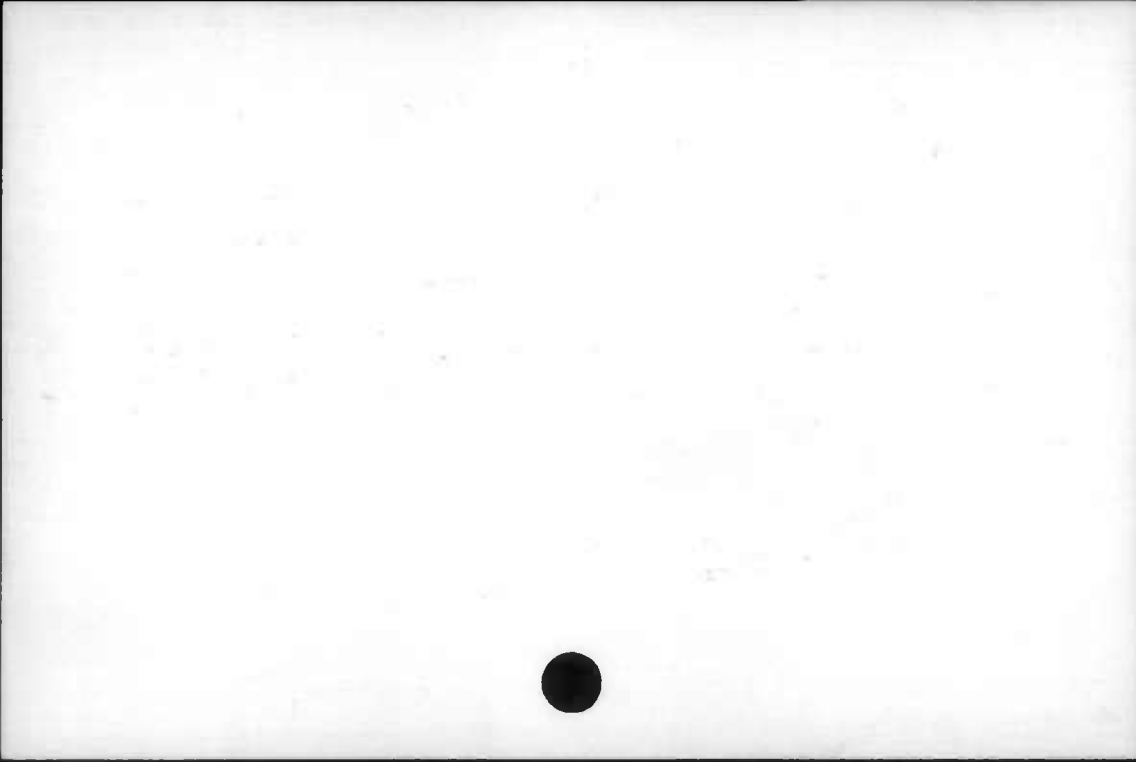
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Edward E. Trail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Died at ^{Town} Gaithersburg 7 ^{County} Montgomery MARYLAND

Date of death 1960 Month 2 Day 28 Age 75- Months 0 Days 0

Sex Male Color or Race white Birth-place Md.

Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed married Name of Wife or ~~Husband~~ Ida Hopwood

Father's Name Knottley Trail Father's Birthplace Md.

Mother's Maiden Name Mary E. Bell - Mother's Birthplace Md.

Name of person giving Information Mrs. B. Catill How related to deceased Daughter -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

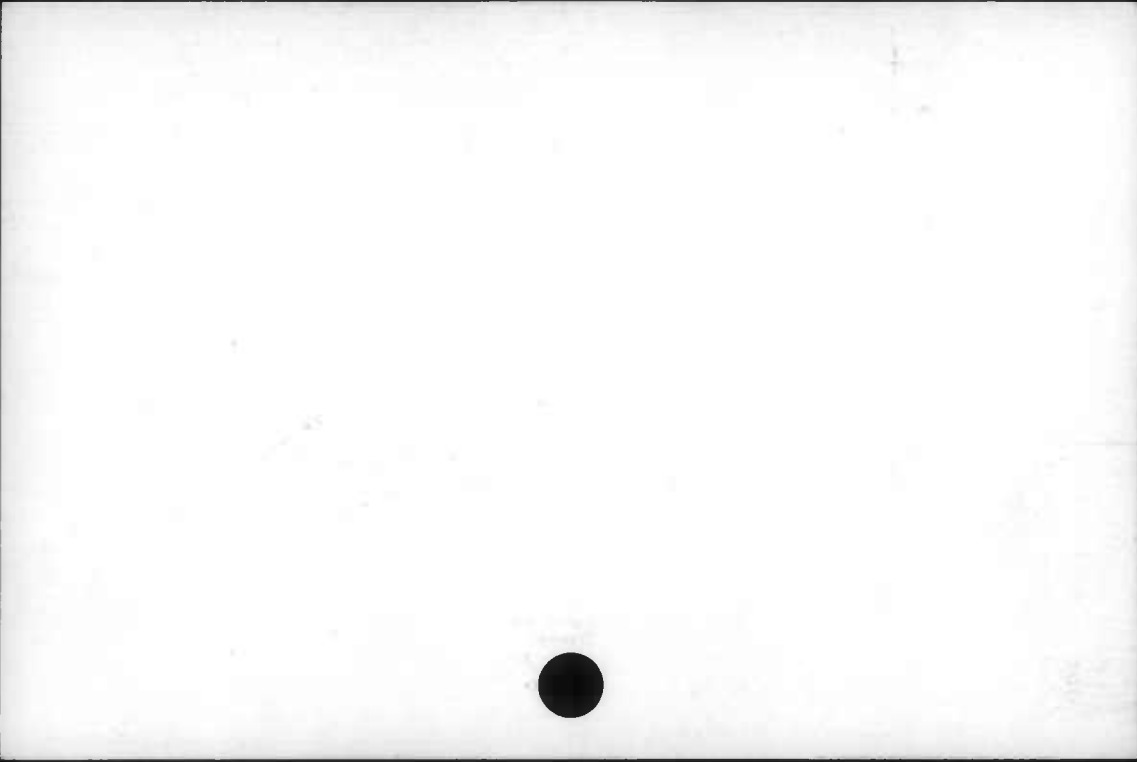
Primary Labor Pneumonia How long 6 days

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. B. Haddock Address Gaithersburg Md.

Accident or Suicide



Name
in
Full*Henry Charles Ulrich*

CERTIFICATE OF DEATH

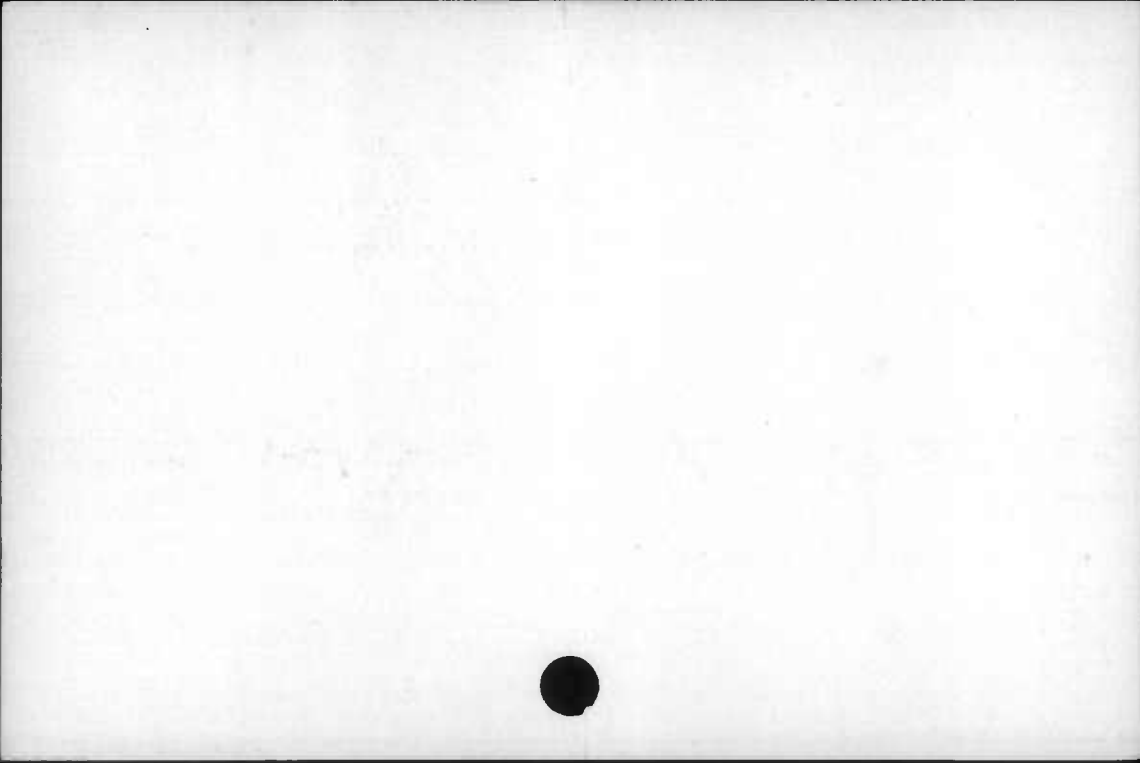
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sligo</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>Feb.</i>	Day <i>27</i>	Age <i>63</i>	Months <i>2</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N. J.</i>		
Occupation <i>Toll-Gate Keeper</i>	Where Residing if not at place of death				
Married, Single, or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice Ulrich</i>				
Father's Name <i>John Ulrich</i>	Father's Birthplace <i>N. J.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Alice Ulrich</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

165 ✓PHYSICIAN
OR CORONER

Primary <i>Carbolic Acid Poisoning</i>	How long <i>Five Min</i>
Immediate <i>" " "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. T. Brown</i>
	Address <i>Silver Spring Md.</i>
Accident or Suicide? <i>Suicide</i>	



Name
in
Full

Mrs. Mary E. Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoodfield</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>19</i>	Age <i>70</i>	Years <i>2</i>	Months <i>11</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>E. George Ward</i>			
Father's Name <i>Gezekiah Brown</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>E. Jane Giggels</i>		Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Charles Ward</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion with Angina Pectoris</i>	How long <i>5 hours</i>
Immediate <i>Dilatation of heart</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo M. Byer</i>
<i>Yes</i>	Address <i>Damascus, Md.</i>
Accident or Suicide?	

